

CLAIMS ONLY							Application Number 10/602426	Filing Date				
							Applicant(s)					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1							51					
2		I					52					
3		I					53					
4		I					54					
5		I					55					
6		I					56					
7		I					57					
8		I					58					
9		I					59					
10		I					60					
11		I					61					
12		I					62					
13	I						63					
14		I					64					
15		I					65					
16	I						66					
17		I					67					
18		I					68					
19		I					69					
20		b					70					
21		I					71					
22		I					72					
23							73					
24							74					
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28							78					
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39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	3						Total Indep					
Total Depend	19						Total Depend					
Total Claims	22						Total Claims					